

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 04-01	2. STATE: MN
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 1902(a)(10) 1916(g) <i>AK</i>		7. FEDERAL BUDGET IMPACT: a. FFY '04 \$ (574) b. FFY '05 \$ (734)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 12o of Attachment 2.6-A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 12o of Att 2.6-A <i>AK</i>	
10. SUBJECT OF AMENDMENT: Cost sharing for TWWIA basic coverage group			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Mary B Kennedy</i>		16. RETURN TO: Stephanie Schwartz Federal Relations Unit Minnesota Department of Human Services 444 Lafayette Road No. St. Paul, MN 55155-3852	
13. TYPED NAME: Mary B. Kennedy			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: February 23, 2004			

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17. DATE RECEIVED: <i>3/2/04</i>	18. DATE APPROVED: <i>3/2/04</i>
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>January 1, 2004</i>	
21. TYPED NAME: <i>Cheryl A. Harris</i>	22. TITLE: <i>Director, Division of Children's Health</i>

DMCH - MI/MN/WI

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Revision:

ATTACHMENT 2.6-A

Page 12o

OMB No.:

State/Territory: Minnesota

Citation	Condition or Requirement
Sections 1902(a)(10)(A) (ii)(XV) and 1916(g) of the Act (cont.)	<p><u>Premiums and Other Cost-Sharing Charges</u></p> <p>For the Basic Coverage Group the agency's premium or other cost-sharing charges, and how they are applied, are described below.</p> <p>Payment of a <u>minimum premium of \$35 per month or a premium on a sliding scale, whichever is greater, applies to all individuals</u> an individual who has gross income at or greater than 100 percent of the federal poverty level by family size. The <u>sliding scale</u> premium amount is based on a person's gross earned and unearned income, the applicable family size and a sliding fee scale that begins at one percent of income at 100 percent of the Federal poverty guidelines and increases to 7.5 percent up to income of 300 percent of the Federal poverty guidelines, and remains at 7.5 percent for income above 300 percent of the Federal poverty guidelines.</p> <p>Annual adjustments based upon changes in the federal poverty guidelines are effective July 1 of each year. No other cost-sharing charges apply.</p> <p><u>All individuals pay a cost-sharing charge of one-half of one percent of gross unearned income.</u></p>

TN No. 04-01

Supersedes:

TN No. 01-20

Approval Date: _____

Effective Date: 1/1/04

HCFA ID: